



## Complete Summary

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### TITLE

Pediatric end stage renal disease (ESRD): percentage of patients aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period who have documented administration of influenza immunization OR patient reported receipt of an influenza immunization from another provider.

### SOURCE(S)

American Society of Pediatric Nephrology, Physician Consortium for Performance Improvement®. Pediatric end stage renal disease physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 12 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 6 months through 17 years with a diagnosis of end stage renal disease (ESRD) and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period who have documented administration of influenza immunization OR patient reported receipt of an influenza immunization from another provider.

### RATIONALE

Vaccinating children with pediatric end stage renal disease is an important aspect of care in order to potentially decrease hospitalization rates, morbidity, and mortality in this vulnerable population.

#### Opportunity for Improvement

United States Renal Data System (USRDS) data show that between 2002-2005 only 30.1% of white pediatric end stage renal disease patients and 24.8% of African American pediatric end stage renal disease patients received the influenza immunization.

Infectious disease is a common reason for hospitalization, morbidity, and mortality among pediatric end stage renal disease patients. All-cause hospital admission rates for pediatric end stage renal disease patients was 14% higher in 2005 when compared to all-cause hospital admission rates for adults. Hospitalizations for infections are also higher in children with end stage renal disease (46%) than in adults.\*

\*The following evidence statements are quoted verbatim from the referenced clinical guidelines:

Vaccination of all children aged 6 months to 18 years should begin before or during the 2008-09 influenza season if feasible, but no later than during the 2009-10 influenza season. Vaccination of all children aged 5-18 years is a new Advisory Committee on Immunization Practices (ACIP) recommendation. (Centers for Disease Control and Prevention [CDC]/ACIP, 2008)

Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children and adolescents. Recommendations for these children have not changed. Children and adolescents at higher risk for influenza complication are those:

- Aged 6 months to 4 years
- Who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus)
- Who are immunosuppressed (including immunosuppression caused by medication or by human immunodeficiency virus) (CDC/ACIP, 2008)

All children aged 6 months to 8 years who have not received vaccination against influenza previously should receive 2 doses of the vaccine the first influenza season they are vaccinated. The second dose should be administered 4 or more weeks after the initial dose. (CDC/ACIP, 2008)

### **PRIMARY CLINICAL COMPONENT**

Pediatric; end stage renal disease (ESRD); dialysis; influenza immunization

### **DENOMINATOR DESCRIPTION**

All patients aged 6 months through 17 years with a diagnosis of end stage renal disease (ESRD) and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

### **NUMERATOR DESCRIPTION**

Patients who have documented administration of an influenza immunization OR patient reported receipt of influenza immunization from another provider (see the related "Numerator Inclusions" field in the Complete Summary)

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Overall poor quality for the performance measured

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

United States Renal Data System 2007 annual data report. Vol. 1, Atlas of chronic kidney disease and end-stage renal disease in the United States. Bethesda (MD): National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2007. 320 p.

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement  
National reporting

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Ambulatory Care  
Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

**TARGET POPULATION AGE**

Age 17 years and younger

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

See the "Rationale" field.

**ASSOCIATION WITH VULNERABLE POPULATIONS**

See the "Rationale" field.

**BURDEN OF ILLNESS**

See the "Rationale" field.

**UTILIZATION**

See the "Rationale" field.

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories**

**IOM CARE NEED**

Living with Illness  
Staying Healthy

**IOM DOMAIN**

Effectiveness

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All patients aged 6 months through 17 years with a diagnosis of end stage renal disease (ESRD) and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 6 months through 17 years with a diagnosis of end stage renal disease (ESRD) and receiving dialysis seen for a visit between November 1 and February 15 of the one-year measurement period

**Note:** Refer to the original measure documentation for administrative codes.

### **Exclusions**

- Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other contraindication)
- Documentation of patient reason(s) for not receiving the influenza immunization (e.g., patient/caregiver declined)
- Documentation of system reason(s) for not receiving the influenza immunization (e.g., vaccine not available)

**Note:** Refer to the original measure documentation for administrative codes.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter  
Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients who have documented administration of an influenza immunization OR patient reported receipt of influenza immunization from another provider

**Note:** Children with renal disease should receive inactivated flu vaccine.

### Exclusions

None

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Administrative data  
Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #2: influenza immunization: pediatric end stage renal disease.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Pediatric End Stage Renal Disease Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Society of Pediatric Nephrology and Physician Consortium for Performance Improvement

**DEVELOPER**

American Society of Pediatric Nephrology  
Physician Consortium for Performance Improvement®

**FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2008 Aug

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

American Society of Pediatric Nephrology, Physician Consortium for Performance Improvement®. Pediatric end stage renal disease physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 12 p. [6 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #2: Influenza Immunization: Pediatric End Stage Renal Disease," is published in "Pediatric End Stage Renal Disease Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on December 8, 2008. The information was verified by the measure developer on February 9, 2009.

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